2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2011
Secretary of State

DOCUMENT# P10000088180

Entity Name: SCF CAMERAS INC.

Current Principal Place of Business:

3170 W. NEW HAVEN AVENUE
3146
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3170 W. NEW HAVEN AVENUE
3146
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 27-3254424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAURE, CLAUDE M
3170 E. NEW HAVEN AVENUE
3146
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: FAURE, SYLVIA R
Address: 3170 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP
Name: FAURE, CLAUDE M
Address: 3170 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D
Name: FAURE, JOEL
Address: 3170 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D
Name: FAURE, JULIA
Address: 3170 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE FAURE PRES 02/20/2011

Electronic Signature of Signing Officer or Director Date